

**PHOENIX AREA INDIAN HEALTH SERVICE  
ALCOHOLISM / SUBSTANCE ABUSE PROGRAM**

**PARENT FINANCIAL RESPONSIBILITY FORM**

The Phoenix Area Alcohol/Substance Abuse Program (A/SAP) is responsible for only the costs associated with provision of pre-approved residential alcohol and substance abuse treatment services. If the client is not eligible for Contract Health Services from the referring service unit, the parent(s), legal guardian or person /agency responsible, **accept** financial responsibility should the client require medical services from a non-IHS medical facility/provider.

Parents', legal guardian's alternate resources include:

Medicaid/AHCCCS enrolled: ☐ Yes ☐ No

Private Insurance: ☐ Yes ☐ No

\_\_\_\_\_  
Client's Name

\_\_\_\_\_  
Parent/Legal Guardian/Responsible Party's Signature

\_\_\_\_\_  
Today's Date